

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 101549546 FILING DATE _____
APPLICANT(S) _____

9114705

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
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TOTAL IND.			/			
TOTAL DEP.			0			
TOTAL CLAIMS			9			

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